			LEA Me	dicaid Bi	lling -	Service l	Documenta	tion – Sp	ecial Tran	sportatio	n		
Stude	ent na	me:				Birthdate: ICD – 9				code(s):	code(s): (primary)		
Scho	ol dis	trict:					_ Building:						
T 4	Location of service:												
				1 1	1 4 1.				.1 11	.1 ( . 1	T 1		
	(May bill for one round-trip per day when the student is in the vehicle, i.e. home to school and school to home. Number of miles must												
	be the direct route. If the vehicle type is the same for each trip on one day, may record roundtrip miles, and check the vehicle type. If a different type of vehicle is used for each trip on one day, record the miles for each one-way trip, and check the vehicle type.)												
differe	ent type	e of vehi	cle is used	for each tri	p on one	day, recor	d the miles for	each one-v	vay trip, and	check the v	ehicle type	.)	
Date	of ]	Miles	Vehicle	Vehicle	Vehicle	Driver		Date of	Escort	Escort	Total	Escort	
Servi	ce		type #1	type #2	type #3	initials	1	Service	time in	time out	time	initials	
							Total escort time (paraprofessional Total escort time (RN)			onal)	(T2001 U9) (T2001)		
Vehicle types: Code Total miles (each vehicle type):												UU1)	
#1 Standard school bus A							Total Illies	(Jucii Velli	icie type).	Stı	ident atten	dance	
#2 Lift accessible vehicle						A0130					ed for these		
#3 Specialized transportation - other					A0120				ser	<b>vice</b> (in	nitials)		
#3	#3 Specialized transportation – volunteer, individual or family					A0090							

murridual of family							
Service providers:							
Signature	Initials	Position					
Signature	Initials	Position					